



City of Kingsport
Building Department

Date _____

Construction Type (Please Check One) ☐ Residential ☐ Commercial

Commercial jobs **MUST** submit plans review fee with application

Project Address _____

Name of Business/Complex (if applicable) _____

Project Owner Information

Name _____ Telephone _____

Contractor Information

Name _____ Telephone _____

Contact Person for Project

Name _____ Telephone _____

Type of Project

Sprinklered

☐ New Construction

☐ Repair/Remodel

☐ YES ☐ NO

☐ Addition

☐ Other

Description of Project

Total Construction Cost: _____

Total Square Footage: _____

The applicant whose name appears below agrees to comply with all City of Kingsport Ordinances & Codes and further agrees that the above work will be done by a properly qualified person.

Contractor/Agent Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Permit Application # _____